2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2025
Secretary of State
3718595244CC

DOCUMENT# M22000018305

Entity Name: BLUEPRINT HEALTHCARE REAL ESTATE ADVISORS, LLC

Current Principal Place of Business:

191 N UPPER WACKER DR STE 1600
CHICAGO, IL 60606

Current Mailing Address:

191 N UPPER WACKER DR STE 1600
CHICAGO, IL 60606

FEI Number: 46-2995929

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4 ST N STE 300
ST PETERSBURG, FL 33702 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	FIRESTONE, BENJAMIN
Address	191 N UPPER WACKER DR STE 1600
City-State-Zip:	CHICAGO IL 60606

Title	MBR
Name	FIRESTONE, BENJAMIN
Address	191 N UPPER WACKER DR STE 1600
City-State-Zip:	CHICAGO IL 60606

Title	CEO
Name	FIRESTONE, BENJAMIN
Address	191 N UPPER WACKER DR STE 1600
City-State-Zip:	CHICAGO IL 60606

Title	AP
Name	RISO, MARK
Address	3782 BACCURATE WAY
City-State-Zip:	MARIETTA GA 30062

Title	MGRN
Name	RISO, MARK
Address	3782 BACCURATE WAY
City-State-Zip:	MARIETTA GA 30062

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK RISO MANAGER 02/09/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date